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PROVIDER BULLETIN

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THIS ISSUE

Ambulance Services

TO:

Ambulance Service Providers
Hospitals
Free Standing ERs
Nursing Homes/Residential
Care
Self Insured Employers

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Effective: July 1, 2006

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Purpose

This bulletin establishes and explains the new payment method for claimant related ambulance services, including requirements, policies and fees for State Fund and self-insured claims.

Specifically, the revisions to the department's current ambulance service requirements, payment policies and fees include:

- Eliminating the current pay by report method for ambulance related services,
- Establishing an all inclusive fee schedule primarily based on Medicare's ambulance services payment policy,
- Implementing vehicle and crew provider requirements established in current Washington Administrative Code, and
- Establishing department payment policies for ambulance services.

This bulletin pertains to all State Fund and self-insured employers with injured worker claims in all locations.

These changes are effective for dates of service on or after July 1, 2006.

What is changing?

Historically the department has used a pay by report method to pay for ambulance related services. Effective July 1, 2006, the department will replace the pay by report method with a fee schedule primarily based on Medicare's current payment policy for ambulance services modified to meet the needs of Washington State's injured workers.

What are the vehicle and crew requirements?

In order to be eligible to be paid for ambulance services for injured workers, the provider must meet the criteria for vehicles and crews as established in the Washington Administrative Code (WAC) 246-976 "Emergency Medical Services and Trauma Care Systems" and other requirements as established by the Washington State Department of Health for emergency medical services.

Key sections of this WAC are identified below.

1. General

- WAC 246-976-260 Licenses required

2. Ground Ambulance Vehicle Requirements

- WAC 246-976-290 Ground ambulance vehicle standards
- WAC 246-976-300 Ground ambulance and aid vehicles--Equipment
- WAC 246-976-310 Ground ambulance and aid vehicles--Communications equipment
- WAC 246-976-390 Verification of trauma care services

3. Air Ambulance Services

- WAC 246-976-320 Air ambulance services

4. Personnel

- WAC 246-976-182 Authorized care
- Washington State Department of Health, Office of Emergency Medical Services Certification Requirements Guidelines

What are the department's payment policies for ambulance related services?

1. Emergency Transport

Ambulance services are paid when the injury to the worker is so serious that use of any other method of transportation is contraindicated. Payment is based on the level of service (provided the services were medically necessary), not simply on the vehicle used.

Air ambulance transportation services, either by helicopter or fixed wing aircraft, may be paid only if the injured worker's medical condition requires immediate and rapid ambulance transportation that could not have been provided by ground ambulance; or either:

- The point of pickup is inaccessible by ground vehicle, OR
- Great distances or other obstacles are involved in getting the injured worker to the nearest place of proper treatment.

2. Proper Facilities

The department pays the provider for ambulance services to the nearest place of proper treatment. To be a place of proper treatment, the facility must be generally equipped to provide the needed medical care for the injured worker. A facility is not considered a place of proper treatment if no bed is available when inpatient medical services are required.

3. Multiple Patient Transportation

The department pays the appropriate base rate for each injured worker transported by the same ambulance. When multiple injured workers are transported in the same ambulance, the mileage will be prorated equally among all the injured workers transported. The provider must use HCPCS Modifier GM (Multiple Patients on One Ambulance Trip) for the appropriate mileage billing codes. The provider is responsible for prorating mileage billing codes based on the number of injured workers transported on the single ambulance trip.

4. Non-Emergency Transport

Non-emergency transportation by ambulance is appropriate if:

- The injured worker is bed-confined (see bed-confined criteria below), and it is documented that the injured worker's accepted medical condition is such that other methods of transportation are contraindicated; OR
- If the injured worker's accepted medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

Bed-confined criteria:

- The injured worker is unable to get up from bed without assistance; AND
- The injured worker is unable to ambulate; AND
- The injured worker is unable to sit in a chair or wheelchair.

Non-emergency transportation may be provided on a scheduled (repetitive or non-repetitive) or unscheduled basis.

- Scheduled, non-emergency transportation may be repetitive, e.g., services regularly provided for diagnosis or treatment of the injured worker's accepted medical condition, or non-repetitive, e.g., single time need.
- Unscheduled services generally pertain to non-emergency transportation for medically necessary services.

Injured workers may not arrange non-emergency ambulance transportation. Only medical providers may arrange for non-emergency ambulance transportation.

The department reserves the right to perform a post audit on any non-emergency ambulance transportation billing to ensure medical necessity requirements are met.

5. Arrival of Multiple Providers

When multiple providers respond to a call for services, only the provider that furnishes the transport of the injured worker(s) is eligible to be paid for the services provided. No payment is made to the other provider(s).

6. Mileage

The department pays for mileage (ground and/or air) based on loaded miles only, e.g., from the pickup of the injured worker(s) to their arrival at the destination. The destination is defined as the nearest place of proper treatment.

What will be the department's ambulance service fee schedule as of July 1, 2006?

HCPCS Code	Description	Fee Schedule
A0425	Ground mileage, per statute mile	\$11.92 per mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	\$611.98
A0427	Ambulance service, advanced life support, level 1 (ALS 1-emergency)	\$635.19
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	\$334.31
A0429	Ambulance service, basic life support, emergency transport (BLS – emergency)	\$534.90
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$5,458.06
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$6,345.78
A0433	Advanced Life Support, Level 2 (ALS 2)	\$919.36
A0434	Specialty care transport (SCT)	\$1,086.52
A0435	Fixed wing air mileage, per statute mile	\$29.29 per mile
A0436	Rotary wing air mileage, per statute mile	\$68.06 per mile
A0999	Unlisted ambulance service	Pay by report Restrictions: (1) Reviewed to determine if a more appropriate billing code is available; and (2) Reviewed to determine if medically necessary

What form should providers use to bill the department for ambulance services?

Providers will bill the department for ambulance services using the HCPCS codes listed in the above table on the *Statement for Miscellaneous Services* form (F245-072-000).

Where can I find additional information about ambulance services payment policies and fees?

The department's web site <http://www.lni.wa.gov/> within the *Medical Provider Links* under *Provider billing & payment*.